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Women ministers of word and sacrament within the United Reformed Church:

A health check

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Abstract

This study draws on qualitative questionnaire data provided by 22 women ministers of word and sacrament serving within the United Reformed Church in England to provide a health check across the four conceptually distinct areas of physical health, psychological health, religious health, and spiritual health. Here spiritual health is defined in terms of Fisher's notion of good relationships within the personal, communal, environmental and transcendental domains. The data reveal relatively poor levels of physical, psychological, religious and spiritual health. Many of the symptoms described and many of the issues raised are consistent with a picture of the clergy being an occupational group under considerable work-related pressure and without adequate support mechanisms to help prevent such work-related pressure leading to significant personal damage.

Introduction

Unlike the Church of England which did not ordain women to the priesthood until 1994 (see Francis & Robbins, 1999), the United Reformed Church recognised the full status of women as ministers of word and sacrament from the beginning of the denomination in 1972, brought about by the Union of the Congregational Church in England and Wales and the Presbyterian Church of England (Cornick, 1998). Like the Church of England, however, the United Reformed Church has continued to experience the majority of pastorates filled by ordained men. According to Roberts, Robbins, Francis, and Hills (2006) in 2000 in the Church of England the proportion of full-time stipendiary parochial clergy who were women varied greatly from diocese to diocese, but never higher than 19% (St Albans) and as low as 3% (Chichester).

The United Reformed Church

In spite of the long established place of women within ministry in the United Reformed Church, very little research has been invested in documenting, understanding and interpreting the experience of these women. The one major exception is the study reported by Robbins & Fowler (2008) that was conducted in 1992 among women ministers of word and sacrament who were in active ministry, were married, had a child or children under the age of 18, and had entered ministry after the Union in 1972. From the 138 questionnaires distributed, 50 completed questionnaires were returned. This survey explored six areas; selection, support during training, call to a church, pregnancy and early years of motherhood, areas of tension, and church structures. Some interesting insights into both levels of stress and sources of stress are provided by this study.

For some of these women ministers' sources of tension and stress emerged from the start during the selection process. Two women felt that they had been persuaded to train for non-stipendiary ministry because they had children, in spite of their clear personal

commitment to stipendiary ministry. One woman thought that her local church had difficulty recommending her for ministry because of her 'domestic responsibilities', and another felt that the interview committee was 'sceptical and discouraging' because she was married with children.

A number of the women reported that these difficulties followed them through training into the call to a church. Some encountered at this stage scepticism that it was possible to combine being a wife, mother and minister. Some reported that concern was experienced over how the husband would cope with being married to the minister, rather than how the minister herself would cope with the job. Other concerns expressed by the congregation at this stage included the fear that the minister's husband would be neglected; the potential problem of the minister not being free to attend afternoon meetings because of the need to pick up her children from school; and the question regarding who would make the coffee at meetings if the minister were a woman.

Once settled in ministry, however, the majority of women ministers considered that their experience compared favourably to those women in secular employment. Many of the women ministers reported difficulties in managing time and prioritising their various responsibilities, but they also felt that this would be the same for any woman combining a job with marriage and young children. Indeed the majority of women ministers thought that ministry provided them with greater flexibility than would be the case in secular employment. In some cases they appreciated the extra support received from members of the congregation, say in babysitting. A less easily solved problem for some, however, was finding ways to take a day off that coincided with their husbands' weekends.

Although the study reported by Robbins and Fowler (2008) provides some valuable insights into the work-related psychological health of women ministers of word and sacrament, there are clear limitations with using this study in this way. The study was not

specifically established to examine health-related issues, it focused specifically on one (important) group of women ministers, and it was conducted some time ago in 1992.

A more recent study specifically concerned with the work-related psychological health of ministers of word and sacrament within the United Reformed Church in England, by Charlton, Rolph, Francis, Rolph and Robbins (2009), reported on a survey conducted among 58 ministers. This study concluded that ministers of word and sacrament are exposed to a number of recurrent recognisable sources of stress. In particular they identified twelve triggers of stress defined as follows: amount of work/number of roles, unrealistic expectations, dealing with conflict and difficult people, administration and finance, pastoral demands, worries about the future of the church, lack of volunteers, multiple churches, managing change, work/life balance, loneliness and isolation, and theological concerns. Although this study included a mixture of male and female ministers of word and sacrament, it was not part of the intention of the analyses to examine differences between the experiences of men and women, or to profile the distinctive voice of women ministers.

Other denominations

Looking to other denominations in England, there have been several detailed quantitative studies probing levels and correlates of work-related psychological health, stress and professional burnout among male clergy, especially within the Church of England, including work reported by Fletcher (1990), Francis and Rutledge (2000), Rutledge and Francis (2004), Francis and Turton (2004a, 2004b), Randall (2004, 2007), Rutledge (2006), and Turton and Francis (2007). There have also been studies reported among Roman Catholic priests by Francis, Loudon and Rutledge (2004) and Francis, Turton and Loudon (2007). None of these studies, however, enable comparison to be made with female clergy.

Haley and Francis (2006) reported on the findings of a survey conducted among all Methodist ministers engaged in circuit ministry in May 1997. A 74% response rate generated

replies from 193 female ministers and from 1,076 male ministers. The chapter on 'signs of stress' drew attention to 'the unacceptably high proportion of Methodist circuit ministers who feel emotionally drained by their ministry and who display other signs of work-related stress, professional burnout, or poor work-related psychological health' (p. 200). The results were not, however, generally that different for men and for women. Thus, 45% of the male ministers reported that they feel emotionally drained by ministry, and so did 47% of the female ministers. Where there were statistically significant differences between the responses of men and women, higher levels of stress were reported by the women. While 60% of the male ministers reported that they do not have enough time for themselves, the proportion rose to 70% among the female ministers. While 36% of the male ministers reported that they often feel lonely and isolated in their ministry, the proportion rose to 44% among the female ministers.

Again looking at denominations in England, there have been some qualitative studies that either have examined issues relevant to work-related psychological health and included both clergymen and clergywomen, or have examined issues relevant to the experiences of women in ministry and included themes relevant to work-related psychological health.

A good example of the first of these categories is provided by Yvonne Warren's (2002) qualitative study of 'the state of today's Anglican parish clergy' which included interviews with seven clergywomen, three of whom were married. All three married interviewees saw their marriage as providing crucial support. One of the women explained that she 'couldn't cope without being married' (p.109). The second woman declared herself 'stressed out by everything', talked about the pressures of life constantly, and described her husband as 'very supportive' and at the same time a voice for her frustration:

He and the children got angry with what the church had done to her and to them. They were particularly hurt when people refused to receive the sacraments from her hands

because she was a woman. This priest said that her husband still had to be the financial provider (p. 108).

In one of her female interviewees Warren identified 'a quiet ruthlessness'. To survive potentially stressful situations she employed logic and reason. 'I have very little tolerance', she said, 'of difficult feelings and I want to do something about it early on. I've never suffered from stress as I confront it straight away. I *never* get worn out. I'm not a weak person and I will not allow myself to be bullied' (p. 166). During her curacy she had experienced major disagreement with her vicar. 'I told him I would take him to an Industrial Tribunal,' she said. 'Instead, I went to the bishop. When I eventually moved, the vicar was on the verge of a nervous breakdown.'

A single clergywomen said, 'When I get stressed I get spots and I have stomach ache.' Her worst time had been leaving her previous parish. 'The loss of friends,' she said, 'and the sharp learning curve when I came here'. It was also difficult finding people leaving the church because I'm a woman. It is hard to be hated.' (p. 173).

One clergywomen reported that she had suffered from an allergy after doing a funeral of a soldier who had served in Northern Ireland. 'It got reported in the paper,' she said, 'that I had condemned the IRA. I then got obscene letters. I went to the doctor who said I was depressed. I couldn't stop sleeping.' (p. 174).

Another clergywomen had suffered from shingles. She said that this was a sign of stress reflecting her anger at the opposition to the priesthood of women. 'I have lost my faith in the church,' she said, 'but I can take my anger out on my piano, or by throwing books I felt very alone when my husband died, it was a real Gethsemane.' (pp 178-179).

One clergywomen had experienced a lot of stress because the team rector was experiencing a deteriorating illness. 'Also, I have problems working with one of the team vicars,' she said. 'There is a real clash of personality. I alerted the bishop and the rural dean

but nothing was done. I am now menopausal and have experienced acute stress. I don't believe the work patterns imposed are really helpful for women with children.' (p. 179).

Another clergywomen raised the question, 'Why has God asked me to do so much that is demanding? When I am totally given to God I just get absolutely drained and exhausted.' (p. 179).

Within the second category of qualitative studies examining the experience of women in ministry and including themes relevant to work-related psychological health, some have gathered data by presenting clergywomen with the opportunity to explore the 'story' of their ministry. For example, Barr and Barr (2001) invited 12 clergywomen from the Church of England to tell the story of their journey to priesthood, what priesthood means to them, the impact of the priesthood, and the future possibilities they see for their ministry. Rees' (2002) edited volume provided the opportunity, not only for clergywomen in the Church of England to reflect on their ministry, but also for those women involved in ministry elsewhere, for example the Church in Wales, and New Zealand.

A good early study in this tradition was produced by Treasure (1991) whose work was based on 38 interviews with women deacons conducted between 1989-1990. This study provided a unique insight into the stress some of these women experienced who felt called to priesthood but were not permitted at that time to be ordained priest. For example one woman deacon said:

I feel limited and frustrated and think at times that I can bear it no longer because it makes a lie of my vocation, because it limits what I can do ... because it says to me that my church would rather deny people the sacraments than have a woman handle them and, therefore, what must it say about women? It hurts! (p. 65)

Another woman deacon reports the impact on having to stand aside during communion a watch a colleague take over:

My incumbent is away quite a lot ... and it makes me extremely pissed off to have to import a doddering old bloke who is thoroughly incompetent. (p.34)

Despite such difficulties the women deacons reported a strong sense of vocation. As one woman put it:

I can't imagine myself doing anything else – although on bad days I think, why aren't I in a profession which appreciates women's skills a little more than this. (p. 21)

More recently, Blohm (2005) conducted 16 interviews with Anglican clergywomen and identified two main issues that caused stress to women. The first area identified was where institutional boundaries prevented the women from fulfilling their vocation. Blohm found that older women were more likely to experience greater levels of frustration. Blohm suggested that this could be because older women feel like they have less time to fight such issues before retirement. All the women found it stressful when confronted by theological counter-arguments against their ordination as priests.

With regard to institutional boundaries one woman said:

I just didn't ever think being a pastoral worker or a Deacon was what I was called to do. I always felt called to full ordained ministry which for me meant the priesthood (p. 116).

Another woman stated:

A calling by God to be a priest, ... then I did actually go to a selection centre as they called it then to be a woman parish worker and I just decided I couldn't cope with it. I would just get frustrated and angry (p.117).

Theological counter-arguments had to be worked through by one woman interviewed from an evangelical background:

I had long, long struggles with my conscience and with God and with other people.

Yes because it seemed very odd that I was going to be something that lots of people thought wasn't right or possible (p.129).

Another woman had this to say about confronting arguments against clergywomen:

I think I find it hard, whether that's my personality but that's one of my biggest weaknesses and I think when you're in a situation where people are opposing you if you've got any crises of confidence personally, it does make it even harder to speak out and be assertive but I'm aware of that ... but again it depends who they are and how closely related they are. I guess it's how close people are to you, isn't it, as to the level of hurt they can inflict really (p. 129).

Research agenda

Against this background, the aim of the present study was to revisit the source of data discussed by Charlton, Rolph, Francis, Rolph, and Robbins (2009) in order to conduct a thorough health check on women ministers of word and sacrament within the United Reformed Church. The conceptual framework within which this health check is taken distinguishes between four conceptually distinct areas defined as : physical health, psychological health, religious health, and spiritual health. While the first three of these four categories may seem relatively transparent, the fourth is somewhat more problematic and contentious.

The notion of spiritual health has been variously conceptualised within the literature, but is employed here in the sense in which it has been defined and operationalised in a series of studies by John Fisher (See Fisher, 1998, 1999, 2000, 2001a, 2001b, 2004, 2006 2007; Fisher, Francis, & Johnson 2000, 2002; Gomez & Fisher, 2003, 2005a, 2005b). Fisher's definition has also been widely applied in the UK by studies like Francis and Robbins (2005, 2008). Fisher (1998:191) argued that spiritual health is a dynamic state of being, shown by

the extent to which people live in harmony within relationships in four specific domains. First, the *personal* domain is concerned with internal relationships with the self, and is reflected in such areas as self awareness, self-esteem, self-identity, self-worth, meaning in life, and value in life. Second, the *communal* domain is concerned with external relationships with other people, and is reflected in constructive and satisfying relationships, accepting others and being accepted, and hope in interpersonal dealings. Third, the *environmental* domain is concerned with relationships with the physical and human world, and is reflected in the connectedness between the self and the wider environment on both local and global levels. Fourth, the *transcendental* domain is concerned with those aspects of life which transcend the ordinary everyday account of the physical environment, and is reflected in issues of ultimate concern, in positive and negative worldviews, and for theists in relationship with God.

Although the study reported by Charlton, Rolph, Francis, Rolph, & Robbins (2009) was not originally developed to deliver data within this conceptualisation of health, the conceptualisation provides a richly nuanced lens through which to interrogate their data.

Method

Procedure

Under the auspices of the Moderator, all licensed ministers of word and sacrament serving within the West Midlands Synod of the United Reformed Church in England were sent a postal survey during 2006. Two reminders were sent and a stamped addresses envelope supplied for returns. Replies were anonymous and confidential. A total of 97 questionnaires were despatched and 58 were returned, making a response rate of 60%.

Instrument

Reflecting the immediate concerns of the synod, the questionnaire was designed to generate a wide-ranging profile of the ministers, concentrating specifically on health-related

matters. Many of the questions were open-ended in order to generate a rich quarry of qualitative data.

Sample

The present analyses are based on the responses of the 22 women ministers of word and sacrament who participated in the survey. Of these 22 women, three were in their thirties, seven were in their forties, seven were in their fifties, and five were in their sixties.

Analysis

The analysis of the data available from the questionnaires has been structured to address eight key themes within the overall notion of a health check. The first theme concerned contact with the GP as a rough indicator of the support being sought by the women ministers from this particular health-related resource. The next three themes concerned physical health, psychological health, and religious health. The final four themes concerned Fisher's four domains of spiritual health: personal domain, communal domain, environmental domain, and transcendental domain.

Results

Contact with the GP

The context for the health check was set by asking the ministers, 'How long ago did you see your GP?' There was a wide variation in the responses to this question, but an interesting underlying pattern divided the women ministers into three roughly equal groups. One third of the women ministers (6) had not seen their GP within the past year. They said things like this.

'Too long ago to remember.'

'Possibly two years ago, not sure.'

'Three years ago?'

Another third of the women ministers (7) had seen their GP within the last month. In many cases this visit to the GP indicated a recurrent issue. They said things like this.

‘Last week about my repeat prescription.’

‘I have to have regular appointments.’

‘3 weeks ago re. acid problem.’

‘I see my GP fairly regularly because of a succession of health problems and current treatment of beta blockers and antidepressants.’

The remaining third of the women ministers (9) had seen their GP sometime within the past year but not within the last month.

A second context for the health check was provided by asking the ministers what they did to keep themselves healthy. There was a variety of response, led by prayer and reflection (5), followed by taking the day off (4), good diet (3), pacing oneself (3), rest and sleep (3), and taking holidays (3).

Physical Health

Comments on reasons for visiting the GP revealed a range of issues related to physical health. Some women ministers appeared to have no physical health problems, while others were multi-symptomatic. Sometimes such symptoms appeared to be related more frequently to work-related stress. The list of symptoms looked like this.

‘Migraines and generally lots of headaches, ectopic heartbeats, irritable bowel syndrome.’

‘Migraine, sleepless nights, depression. I was recently diagnosed with ocular rosacea and one day while driving through the night my eyesight went - just due to stress but it was very scary.’

‘Don’t know what to do first - vague depression, low mood, lacking energy.’

‘Lowering of energy levels, stomach acid problems requiring medication, lowered immune system and repeated illness with minor infections, colds, etc.’

‘Hiatus hernia, throat problems, susceptible to colds when stressed.’

‘Tiredness, sleep problems, anger, irritability.’

Another indicator of concern with physical health was provided by the question, ‘when did you last have your blood pressure checked?’ The responses showed a wide variation. Of the 22 women ministers, 3 had had their blood pressure checked within the last month, and a further 4 within the past six months. All told, 15 had had their blood pressure checked within the past year, leaving just 7 who had not done so.

Psychological health

In order to assess psychological health the ministers were presented with a list of recognised symptoms, including chronic tiredness, frustration and depression. The responses to their symptoms are presented in table 1 in the order of the frequency with which they were cited

Table 1

Symptoms of psychological health

Symptom of stress	Frequency of symptom
Chronic tiredness	15
Feeling inadequate	10
Being tearful	8
Feeling frustrated	7
Dread of going to work	7
Being constantly irritable	6
Boredom	3
Migraine/headaches	3
Depression	3
Sleep problems	2
Minor infections	2
Stomach problems	1
Skin problems	1

Expanding on this list of symptoms, the women ministers made the following kinds of comments.

‘I have recently had time off for exhaustion.’

‘I do get very tired.’

‘feeling inadequate, sometimes frustrated and tearful.’

‘feelings of inability to cope.’

‘from time to time I have feelings of inadequacy and sometimes irritability.’

‘I have recently found it more difficult to go to work.’

‘at times I dread going to work.’

‘I am irritable most of the time.’

‘migraine and generally a lot of headaches.’

‘headaches, occasionally my whole body is tense and aches.’

‘vague depression, low mood.’

‘sleepless nights.’

‘lowered immune system and repeated illness with susceptibility to colds and minor infections.’

‘stomach acid problems, requiring medication.’

Many of these symptoms are associated in the literature with indicators of stress. This interpretation is consistent with the fact that 16 of the 22 women ministers gave an unequivocal ‘yes’ to the direct question, ‘Do you believe that your health is affected by stress?’

Another indicator of the pressure to which the psychological health of women ministers is subjected is provided by the high level of engagement with counsellors. All told, nearly half of the women (10) had seen a counsellor at some time, and one of the remaining 12 was currently considering doing so. The time spent in counselling had varied from a few sessions to five years. In this connection, the women ministers made the following kinds of comments.

‘I saw a counsellor over a period of three years or more.’

‘Yes, for nine months five years ago.’

‘briefly for bereavement counselling and then again, once or twice during the time I had CFS.’

Religious health

The questionnaire included three questions designed to assess the women ministers’ religious health. The first question asked, ‘Do you have time to meet your own spiritual needs?’ Under half of the 22 participants in the survey (9) answered ‘yes’ to the question. The other 13 women ministers gave the following kind of responses.

‘I think I have time, but don’t always take responsibility for managing my time well enough to meet those needs.’

‘I must take responsibility for not making it possible and am putting in new strategies to improve the situation.’

‘I’m not very good at making sure I take the time.’

‘could make it if I had a bit more discipline.’

‘only when preparing for services and Bible study.’

‘with difficulty, three young children are very demanding.’

‘No I would like more quiet time and time to spend in prayer.’

The second question asked, ‘Do you feel you have any spiritual needs?’ The range of answers given to this question revealed that there was considerable awareness among the women ministers that their religious health was not all that they could desire. They said things like the following.

‘Yes, spiritual needs in terms of building on my relationship with God.’

‘I would like to have a competent spiritual director.’

‘I am conscious that my prayer life is not as it should be.’

‘Theology is another point of isolation, Churches Together dominated by opposite theology.’

The third question asked, ‘Do you feel you have any spiritual doubts?’ Just over half of the 22 participants (12) admitted to doubts, but they tended to see this as consistent with healthy religious functioning. Here are some of the things that they said.

‘Yes, but who doesn’t?’

Of course, if someone doesn’t have doubts I would be very worried about them.’

‘It’s part of normal Christian life.’

‘Healthy part of spiritual growth.’

‘Yes, but I see this as positive because I look for reasons and answers.’

‘Sometimes doubt my calling to a ministry that entails so much administration, meetings and sipping tea.’

Spiritual health: personal domain

According to Fisher’s definition, good spiritual health in the personal domain is reflected in having a sense of identity, self-awareness and joy in life, inner peace and seeing meaning in life. Comments relating to this domain were made in over half the questionnaires. These comments generate a mixed picture. On the one hand, some of the women ministers demonstrated positive spiritual health in the personal domain, writing the following kind of comments.

‘I make sure I do something enjoyable each day.’

‘I try to take care of myself.’

‘The importance of self care and ability to say “no”.’

On the other hand, others of the women ministers demonstrated less positive spiritual health in the personal domain, writing the following kind of comments.

‘I have feelings of inadequacy.’

‘I often feel I have to justify myself.’

‘I feel guilty about what I have not achieved.’

‘I think I should do more to help myself.’

‘I have had periods where I have been very unhappy, feeling much less able to cope.’

Spiritual: communal domain

According to Fisher’s definition, good spiritual health in the communal domain is reflected in satisfactory relationships, love of other people, forgiveness towards others, trust between individuals, respect for others, and kindness towards others. There were more comments in the questionnaire relating to this domain of spiritual health than to any of the other three domains. Again these comments generate a mixed picture. Signs of good spiritual health in the communal domain were reflected in the following comments.

‘Good working relationships in main church.’

‘Good confidential support network.’

‘Good relationships with individuals within the church.’

‘Support from husband, family, friends.’

‘Good supportive friends.’

‘Team working is helpful.’

‘Lots of caring and praying support from people in the churches.’

Signs of poor spiritual health in the communal domain were reflected in the following comments.

‘Congregation has saddened and disappointed me on occasions in their lack of care of me and the family.’

‘I have no close friends in the area in which I live.’

‘What looked like a good match between minister and pastorate has been less so.’

‘I feel the generation gap.’

‘The church should provide more opportunities for collegiality.’

Spiritual health: environmental domain

According to Fisher’s definition, good spiritual health in the environmental domain is reflected in a sense of connection with nature and with the natural order, including awe at breathtaking scenery, openness with nature, harmony with the environment, and a sense of magic in the environment. Surprisingly few references were made to this area of life, which in itself suggests that this is not an area of high priority for the women ministers. Indicators of positive spiritual health in this domain appeared in the appreciation of working in the countryside, the enjoyment gained from gardening, and the value derived from travelling to and having holiday in places of natural beauty. In this connection, the women ministers made the following kinds of comments.

‘I like to walk in the countryside.’

‘I walk the dog for half an hour everyday.’

‘we are very good at holidays.’

‘plan and enjoy good holidays.’

‘enjoy working in garden.’

Indicators of poor spiritual health in the environmental domain appeared most prominently in dissatisfaction expressed with the immediate environment in which the women ministers lived and worked, as indicated by the following contents.

‘I live in a house I wouldn’t choose.’

‘I have to work in my house which makes it difficult to switch off.’

‘My bungalow is very small.’

Spiritual health: transcendental domain

According to Fisher’s definition, good spiritual health in the transcendental domain for individuals living within the Christian tradition is reflected in the sense of a personal

relationship with God, worship of the creator, oneness with God, peace in God, and an active prayer life celebrating relationships with God. In this domain, too, the range of comments offered generate a mixed picture. On the one hand, some of the women ministers demonstrated positive spiritual health in the transcendental domain, writing the following kinds of comments.

‘Amazing joy and peace in the Lord.’

‘I value my hour of prayer and reflection every morning.’

‘I am building on my relationship with God.’

On the other hand, others of the women ministers demonstrated less positive spiritual health in the transcendental domain, writing the following kind of comments,

‘I feel I am letting the Lord down.’

‘I am conscious that my prayer life is not as it should be.’

‘I have spiritual needs in terms of building on my relationship with God.’

‘I don’t always have the discipline to spend time with God.’

Conclusion

The present study has undertaken a health check of women ministers of word and sacrament within the United Reformed Church, drawing on the responses of 22 women ministers to a survey conducted among ministers serving within the West Midlands Synod. The analytic framework within which the health check has been located distinguishes between four areas of health (defined as physical, psychological, religious, and spiritual) and draws on Fisher’s model of four domains of spiritual health (defined as personal, communal, environmental, and transcendental). Three main conclusions can be drawn from this study.

First the analytic framework distinguishing between four areas of health has proved to be very useful in illustrating the levels of health experienced by these women ministers. The

model can be commended as a framework for guiding further research concerned with carrying out a health check among clergy.

Second, the data have generated a mixed picture regarding the overall health of this sample of 22 women ministers, but within each of the areas assessed there are considerable matters of concern. The data reveal relatively poor levels of physical, psychological, religious and spiritual health. Many of the symptoms described and many of the issues raised are consistent with a picture of the clergy being an occupational group under considerable work-related pressure and without adequate support mechanisms to help prevent such work-related pressure leading to significant personal damage.

Third, the study has raised important questions about the overall health of women ministers, but has done so on the basis of a small sample and an exploratory research questionnaire. The findings are, however, of significant importance for the future ministry of the United Reformed Church to commend further, more detailed investigation throughout all the synods of the United Reformed Church.

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